

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable

☐ Address change

☒ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization **DISABLED POLICE AND SHERIFF'S FOUNDATION**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

23 TEABERRY DRIVE

City or town, state or country, and ZIP + 4

CHEPACHET

RI 02814

F Name and address of principal officer

DAVID KENIK - EXECUTIVE DIRECTOR

23 TEABERRY DRIVE

CHEPACHET

RI 02814

D Employer identification number

36-4494026

E Telephone number

401-568-9951

G Gross receipts \$

741,092

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

(insert no)

☐ 4947(a)(1) or

☐ 527

J Website: **HELPPOLICE.ORG**

H(c) Group exemption number

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

2002

M State of legal domicile

RI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O FOR ORGANIZATION'S PURPOSE			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	3	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	2	
	6	Total number of volunteers (estimate if necessary)	0	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b		Net unrelated business taxable income from Form 990-T, line 34	0	
8		Contributions and grants (Part VIII, line 1h)	880,174	
9		Program service revenue (Part VIII, line 2g)	0	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	245	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	880,445	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,156
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	77,774	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	713,335	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	102,909	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	909,174	
	19	Revenue less expenses Subtract line 18 from line 12	-28,729	
	20	Total assets (Part X, line 16)	38,101	
	21	Total liabilities (Part X, line 26)	44,949	
	22	Net assets or fund balances Subtract line 21 from line 20	-6,848	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

DAVID KENIK

Type or print name and title

EXECUTIVE DIRECTOR

Date

8/18/12

Paid

Preparer

Use Only

Print/Type preparer's name

EDMOND P. BRADY CPA

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P00100199

Firm's name

MCENERNEY, BRADY & COMPANY, LLC

Firm's EIN

22-2833962

Firm's address

293 EISENHOWER PARKWAY, SUITE 270

Phone no

973-535-2880

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2011)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒

1 Briefly describe the organization's mission

SEE SCHEDULE O FOR ORGANIZATION'S PURPOSE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ **42,354** including grants of \$) (Revenue \$)
PROGRAM SERVICE AREA NO. #1: TRAINING PROGRAMS

SEE SCHEDULE O FOR FURTHER DETAILS

4b (Code) (Expenses \$ **7,185** including grants of \$ **7,185**) (Revenue \$)
PROGRAM SERVICE AREA NO. #2: LAW ENFORCEMENT EQUIPMENT GRANT PROGRAM

SEE SCHEDULE O FOR FURTHER DETAILS

4c (Code) (Expenses \$ **5,500** including grants of \$ **5,500**) (Revenue \$)
PROGRAM SERVICE AREA NO. #3: SURVIVOR ASSISTANCE GRANT PROGRAM

SEE SCHEDULE O FOR FURTHER DETAILS

4d Other program services (Describe in Schedule O)

(Expenses \$ **2,500** including grants of \$ **2,500**) (Revenue \$)4e Total program service expenses ► **57,539**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	3	
b Enter the number of voting members included in line 1a, above, who are independent	3	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **EXECUTIVE DIRECTOR**
23 TEABERRY DRIVE
CHEPACHET RI 02814

401-568-9951

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILL KENIK PRESIDENT	2.00	X						0	0	0
(2) DON SELESKY VICE-PRESIDENT	1.00	X						0	0	0
(3) GEORGE OLIVEIRA SEC'Y/TREASURER	1.00	X						0	0	0
(4) DAVID KENIK EXECUTIVE DIRECTOR	8.00			X				20,000	0	0
(5) BARBARA MROZ ADMINISTRATIVE MGR	16.00			X				10,833	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								30,833		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								30,833		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CHARITABLE RESOURCE FOUNDATION GREENWOOD IN 46142	698 OLDFIELD COMMONS DR, STE #2 FUNDRAISING	326,848
OUTREACH CALLING MONTVILLE NJ 07045	150 RIVER ROAD, UNIT I, SUITE 3 FUNDRAISING	294,319

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	741,006			
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f		741,006			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		86		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		741,092	0	0	86	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,185	7,185		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,000	8,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	30,833	18,500	7,708	4,625
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	2,360	1,416	590	354
11 Fees for services (non-employees)				
a Management				
b Legal	8,888	5,333	2,222	1,333
c Accounting	10,500	7,875	1,575	1,050
d Lobbying				
e Professional fundraising services See Part IV, line 17	645,243			645,243
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	2,881	489	1,956	436
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,177	1,177		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VIDEO EXPENSE	7,564	7,564		
b REG. & FILING FEES	5,068		5,068	
c CREDIT CARD SETTLEMENT CH	4,473		91	4,382
d BANK CHARGES	3,267		1,530	1,737
e All other expenses	81		81	
25 Total functional expenses. Add lines 1 through 24e	737,520	57,539	20,821	659,160
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	37,505	1	7,082
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	596	3	
	4 Accounts receivable, net		4	9,512
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		38,101	16	16,594
Liabilities	17 Accounts payable and accrued expenses	16,048	17	10,500
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	28,901	22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	9,370
	26 Total liabilities. Add lines 17 through 25	44,949	26	19,870
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-6,848	27	-3,276
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-6,848	33	-3,276
34 Total liabilities and net assets/fund balances	38,101	34	16,594	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	741,092
2	Total expenses (must equal Part IX, column (A), line 25)	2	737,520
3	Revenue less expenses Subtract line 2 from line 1	3	3,572
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-6,848
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-3,276

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

**DISABLED POLICE AND SHERIFF'S
FOUNDATION**

Employer identification number

36-4494026

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	759,360	1,499,035	1,345,777	880,419	741,006	5,225,597
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	10,548	7,546	1,411			19,505
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	769,908	1,506,581	1,347,188	880,419	741,006	5,245,102
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						5,245,102

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	769,908	1,506,581	1,347,188	880,419	741,006	5,245,102
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				26	86	112
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				26	86	112
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	769,908	1,506,581	1,347,188	880,445	741,092	5,245,214
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

**DISABLED POLICE AND SHERIFF'S
FOUNDATION**

Employer identification number

36-4494026**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2011

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO PROFESSIONAL FUNDRAISER	9,370
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	9,370

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	741,092
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	737,520
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,572
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,572

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	741,092
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	741,092
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	741,092

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	737,520
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	737,520
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	737,520

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE FOUNDATION HAS ADOPTED THE RECOGNITION AND DISCLOSURE PROVISIONS OF THE ACCOUNTING STANDARD RELATED TO UNCERTAINTY IN INCOME TAXES. UNDER THIS STANDARD, TAX POSITIONS ARE EVALUATED FOR RECOGNITION USING A MORE-LIKELY-THAN-NOT THRESHOLD, AND THOSE TAX POSITIONS REQUIRING RECOGNITION ARE MEASURED AT THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY

Part XIV Supplemental Information (continued)

THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE ASSOCIATION HAS EVALUATED THE LIKELIHOOD OF ITS TAX POSITIONS BEING CHALLENGED AS REMOTE AND, ACCORDINGLY HAS NOT INCLUDED ANY INCOME TAX PROVISION, INCLUDING INTEREST AND PENALTIES, IN THE FINANCIAL STATEMENTS RELATED TO POTENTIAL VIOLATIONS. UPON ADOPTION OF THIS ACCOUNTING PRONOUNCEMENT, THE FOUNDATION HAD NO UNRECOGNIZED TAX BENEFIT.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization **DISABLED POLICE AND SHERIFF'S FOUNDATION**

Employer identification number
36-4494026

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☐ Internet and email solicitations
c ☒ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			
CHARITABLE RESOURCE FOUNDATION 1 698 OLDEFIELD COMMONS DR, STE #2 GREENWOOD IN 46142	PROF F/R		X	368,270	326,848	41,422
OUTREACH CALLING 2 150 RIVER ROAD, UNIT I, SUITE 3 MONTVILLE NJ 07045	PROF F/R		X	326,756	294,319	32,437
MENACOLLA MARKETING 3 6914 NEW UTRECHT AVENUE BROOKLYN NY 11229	PROF F/R		X	27,017	24,076	2,941
4						
5						
6						
7						
8						
9						
10						
Total				722,043	645,243	76,800

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALASKA, ALABAMA, ARKANSAS, ARIZONA, COLORADO, CONNECTICUT, FLORIDA, GEORGIA, HAWAII, ILLINOIS, KANSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MARYLAND, MICHIGAN, MINNESOTA, MISSISSIPPI, NORTH CAROLINA, NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Combine line 3, column (d), and line 10					

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

9a ☐ Yes ☐ No

b If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
☐ Employee
☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

**DISABLED POLICE AND SHERIFF'S
FOUNDATION**

Employer identification number

36-4494026

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

▶ ☒

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 DISABILITY GRANT	2	2,500			
2 DEATH BENEFIT	4	5,500			
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS****EQUIPMENT DONATION GRANTS:**

1. GRANTEEES MUST SIGN A CONTRACT AGREEING THAT THE FUNDS WILL ONLY BE USED FOR THE PURPOSES INDICATED WITHIN 90 DAYS OF RECEIPT OF THE GRANT MONIES.
2. GRANTEEES MUST PROVIDE A COPY OF A QUOTE FOR THE REQUESTED EQUIPMENT, AND THE GRANT CHECKS ARE WRITTEN FOR THE AMOUNT OF THE QUOTE.
3. GRANTEEES MUST PROVIDE COPIES OF THE INVOICES THAT THEY PAY FOR THE GRANTED EQUIPMENT.
4. GRANTEEES AGREE TO PROVIDE A PICTURE OF THE EQUIPMENT IN USE AND/OR WITH

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.**SERVICE MEMBERS.**

5. COPIES OF THE ORIGINAL AND CANCELED CHECK ARE KEPT ON RECORD.

OFFICER SURVIVOR GRANTS:

1. GRANT FUNDS ARE GIVEN TO THE SURVIVING FAMILY OF SERVICE MEMBERS KILLED
IN THE LINE OF DUTY WITH NO RESTRICTIONS.

2. COPIES OF THE ORIGINAL AND CANCELED CHECK ARE KEPT ON RECORD.

3. A NEWSPAPER AND/OR WEB ARTICLE DESCRIBING THE CIRCUMSTANCES OF THE
SERVICE MEMBER'S LINE OF DUTY DEATH IS KEPT ON RECORD.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PRIOR TO RECEIVING THEIR**GRANTS:**

EQUIPMENT DONATION GRANT RECIPIENTS ARE REQUIRED TO SIGN AN AGREEMENT THAT THEY WILL USE THE GRANT FUNDS FOR THE PURPOSE(S) DESCRIBED IN THEIR APPLICATION WITHIN 90 DAYS OF RECEIPT OF THE FUNDS. FURTHERMORE, THEY AGREE TO PROVIDE RELEVANT DOCUMENTATION AND A PHOTOGRAPH OF THEMSELVES WITH THE EQUIPMENT OBTAINED USING THE GRANT FUNDS. LINE OF DUTY DEATH SURVIVOR ASSISTANCE GRANTS ARE GIVEN TO SURVIVORS TO USE AS THEY WISH. THE ORGANIZATION MAINTAINS COPIES OF ALL CANCELED GRANT CHECKS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

**DISABLED POLICE AND SHERIFF'S
FOUNDATION**

Employer Identification number

36-4494026

FORM 990 - ADDITIONAL INFORMATION

ORGANIZATION'S PURPOSE OR MISSION:

TO CREATE, DESIGN, ORGANIZE AND OFFER INSTRUCTIONAL PROGRAMS TO LAW ENFORCEMENT, PROVIDE ASSISTANCE TO DISABLED LAW ENFORCEMENT OFFICERS AND TO THE SURVIVORS OF LAW ENFORCEMENT OFFICERS KILLED IN THE LINE OF DUTY, PROVIDE EDUCATIONAL AND SAFETY ORIENTED RESOURCES TO THE GENERAL PUBLIC AND TO ENGAGE IN ACTIVITIES THAT HEIGHTEN THE IMAGE OF LAW ENFORCEMENT.

FORM 990, PART III - ADDITIONAL INFORMATION

WE ACCOMPLISH THIS MISSION THROUGH 4 PROGRAM SERVICE AREAS:

1. TRAINING - TRAINING DEVELOPED WITH LEADING EXPERTS AND AVAILABLE NATIONWIDE FREE OF CHARGE TO HELP INCREASE THE SAFETY AND EFFECTIVENESS OF LAW ENFORCEMENT PERSONNEL.

2. LAW ENFORCEMENT DEPARTMENT EQUIPMENT GRANT PROGRAM PROVIDES CASH GRANTS FOR DEPARTMENTS TO PURCHASE EQUIPMENT TO IMPROVE THEIR OWN AND CITIZEN SAFETY.

3. SURVIVOR FINANCIAL ASSISTANCE GRANT PROGRAM PROVIDES CASH GRANTS TO FAMILY SURVIVORS OF LAW ENFORCEMENT OFFICERS WHO HAVE DIED IN THE LINE OF DUTY.

4. DISABLED OFFICER GRANT PROGRAM PROVIDES UNRESTRICTED CASH GRANTS TO LAW ENFORCEMENT OFFICERS INJURED IN THE LINE OF DUTY.

LINE 4A PROGRAM SERVICE AREA NO. 1 - TRAINING PROGRAM :

DPSF'S ADVANCE TRAINING PROGRAM IS THE MAJOR FOCUS OF OUR PROGRAM SERVICES. OFFERED FREE TO LAW ENFORCEMENT OFFICERS NATIONWIDE, THE

Name of the organization

DISABLED POLICE AND SHERIFF'S

Employer identification number

36-4494026

PROGRAMS ARE DEVELOPED WITH A GOAL OF HELPING LAW ENFORCEMENT OFFICERS REMAIN SAFE AND TO REDUCE INJURIES AND DISABILITIES.

WHILE EACH AGENCY AND DEPARTMENT OFFERS QUALITY TRAINING FOR NEW AND CURRENT OFFICERS, TRAINING BUDGETS ARE LIMITED. OUR PROGRAM HELPS SUPPLEMENT TRAINING RESOURCES.

THOUSANDS OF OFFICERS AVAIL THEMSELVES OF OUR FREE TRAINING PROGRAMS. THESE PROGRAMS ARE DESIGNED TO ENHANCE PERFORMANCE AND SAFETY THROUGH TRAINING IN NEW SUBJECTS, LEADING-EDGE TECHNIQUES, AND NEW, MODERN APPROACHES TO OFFICER SAFETY. DPSF'S TRAINING PRGRAMS ARE CURRENTLY FOCUSED ON USE-OF-FORCE TRAINING BECAUSE THIS IS THE AREA OF GREATEST RISK TO OFFICERS AND TYPICALLY THE MOST DIFFICULT AND EXPENSIVE TRAINING TO OBTAIN.

PROGRAMS ARE DEVELOPED AND TAUGHT BY EXPERIENCED, DYNAMIC POSA INSTRUCTORS IN ADDITION TO EXPANDED OFFERINGS BY NATIONALLY RECOGNIZED ADJUNCT INSTRUCTORS AND LEADING EXPERTS. OUR TRAINING PROGRAMS ARE VALUABLE ADDITIONS TO DEPARTMENTAL TRAINING LIBRARIES AND ARE AVAILABLE TO EVERY LAW ENFORCEMENT OFFICER IN THE COUNTRY. THESE PROGRAMS CAN BE USED IN THEIR ENTIRETY, OR IN SHORT BLOCKS FOR ROLL-CALL TRAINING.

IN 2011, WE PRODUCED THREE TRAINING PROGRAMS:

TRAINING PROGRAM NO. 1: CHEMICAL SUICIDES A NEW THREAT TO FIRST RESPONDERS: SUICIDE BY CHEMICALS IS A NEW FORM OF SUICIDE. INSTRUCTIONS ARE EASILY AVAILABLE ON THE INTERNET AND HAS BECOME A POPULAR METHOD. THE CHEMICALS USED ARE ALSO DEADLY TO EMERGENCY RESPONDERS AND THE DANGERS MAY NOT BE KNOWN TO THEM UNLESS THEY ARE ARE TRAINED IN THIS AREA.

THIS TRAINING PROGRAM INCLUDES A VIDEO AND POWERPOINT PRESENTATION

Name of the organization

DISABLED POLICE AND SHERIFF'S

Employer identification number

36-4494026

WHICH:

- EXPLAINS THE PROCESS OF MIXING CHEAP AND EASILY AVAILABLE CHEMICALS
- DISCUSSES WHY IT IS A GROWING THREAT TO FIRST RESPONDERS
- DEFINES HOW RESPONDERS MAY BE EXPOSED TO THE LETHAL GASES
- EXPOSES THE WARNING SIGNS AND WHAT TO LOOK OUT FOR
- OFFER SUGGESTIONS ON RESPONSE TACTICS AND GUIDELINES.

TRAINING PROGRAM NO. 2: MARIJUANA GROW OPERATIONS SAFE MULTI-AGENCY
RESPONSE:

LARGE MARIJUANA GROWS POSE MAJOR DANGERS TO RESPONDERS CAUSED BY TOXINS, MOLDS AND FIRE HAZARDS. POLICE AGENCIES ROUTINELY RESPOND TO THEM WITH LIMITED KNOWLEDGE ON THEIR DANGERS, RISKS AND METHODS TO MITIGATE THEM.

THE TRAINING PROGRAM COVERS THE DANGERS OF THE GROWS, THE TACTICS AND TECHNIQUES AND EQUIPMENT TO KEEP THEM SAFE WITH AND EMPHASIS ON INTERAGENCY COOPERATION.

THE PROGRAM CONSISTS OF A VIDEO AND POWERPOINT PRESENTATION WITH PHOTOS OF ACTUAL. LARGE INDOOR GROWS AND THEIR ASSOCIATED DANGERS.

TRAINING PROGRAM NO. 3: RESPONDING TO VEHICLE FIRES:

ASSESSMENT AND RESPONSE: IN ADDITION TO THE FIRE SERVICE, LAW ENFORCEMENT RESPONDS TO VEHICLE FIRES AND ARE OFTEN FIRST ON SCENE. THIS TRAINING PROGRAM CONSISTS OF A VIDEO AND POWERPOINT PRESENTATION ON INCIDENT SAFETY, HAZARDS, ROLE OF LAW ENFORCEMENT, DEALING WITH VICTIMS, AND HOW TO BEST WORK WITH THE MULTITUDE OF AGENCIES ON THE SCENE.

LINE 4B PROGRAM SERVICE AREA NO. 2 - LAW ENFORCEMENT EQUIPMENT GRANTS
PROGRAM

COOPERSTOWN NY POLICE DEPARTMENT

\$1650 EQUIPMENT GRANT FOR TWO TASERS

Name of the organization

DISABLED POLICE AND SHERIFF'S

Employer identification number

36-4494026

THE COOPERSTOWN POLICE DEPARTMENT'S BUDGET IS LIMITED FOR EQUIPMENT PURCHASES AND TRAINING. THEIR OFFICERS WORK ALONE ON THE DAY SHIFT AND ON THE EVENING AND MIDNIGHT SHIFTS AS WELL, WITH THE EXCEPTION OF THURSDAY, FRIDAY AND SATURDAY NIGHTS WHEN THEY MAY HAVE 2 OFFICERS ON DUTY DEPENDING ON STAFFING AND MAN POWER DUE TO VACATIONS AND TIME OFF, ETC. DURING PEAK TIMES OF THE YEAR THE VILLAGE OF COOPERSTOWN HAS MANY VISITORS FROM AROUND THE UNITED STATES AND THE WORLD. THEY HAVE 3 LOCAL BARS IN THE VILLAGE AND A LARGE COUNTRY CLUB, WHICH DURING THE PEAK SEASONS ARE ALL VERY BUSY. THE VILLAGE IS MANNED 24/7 AND THEIR CLOSEST BACKUP COULD BE ANYWHERE FROM 15 MINUTES TO AS MUCH AS 30 MINUTES AWAY. THE POLICE DEPARTMENT IS BACKED UP BY THE SHERIFF'S DEPARTMENT AND THE STATE TROOPERS. THE SHERIFF'S DEPARTMENT, HOWEVER, IS NOT MANNED 24/7 AND AFTER 2 AM IS OUT OF SERVICE UNTIL 6 AM. THIS LEAVES ONLY THE STATE TROOPERS TO BACK THEM UP AND THEY COULD BE ANYWHERE IN THE COUNTY AND BACKUP MAY BE LONGER THAN 30 MINUTES AT TIMES.

THE PURCHASE OF TASERS FOR THEIR DEPARTMENT WILL HELP THEIR OFFICERS IF AN UNRULY PERSON BECOMES OUT OF CONTROL AND WOULD PROVIDE THE CONTROL NEEDED UNTIL BACKUP ARRIVES. DEPLOYMENT A TASER PROVIDES THEM WITH ANOTHER TOOL TO USE IN CERTAIN SITUATIONS THAT MAY ARISE. THIS WOULD HELP QUELL CERTAIN SITUATIONS WHEN ONLY ONE OFFICER IS AVAILABLE UNTIL BACKUP ARRIVED. USE OF LESS LETHAL FORCE RATHER THAN HARD HAND DECREASES INJURY TO BOTH OFFICERS AND PERPETRATORS.

PALMVIEW TEXAS POLICE DEPARTMENT

\$2700 FOR K9 VEHICLE KIT

PALMVIEW IS SMALL COMMUNITY IN SOUTH TEXAS, ALONG THE RIO GRANDE RIVER, WHICH ENCOUNTERS DRUG COURIERS DAILY, WHO SMUGGLE NARCOTICS

Name of the organization

DISABLED POLICE AND SHERIFF'S

Employer identification number

36-4494026

TO THE USA FROM MEXICO. THIS OFTEN TURNS INTO HIGH SPEED PURSUITS, WHICH OFTEN LEADS BACK TO THE RIO GRANDE RIVER.

THE OUTCOME OF THE PURSUITS IS OFTEN THAT THE SUSPECT IS ABLE TO EVADE ARREST BY QUICKLY MAKING HIS/HER WAY BACK TO THE RIVER WHERE THEY ARE UNABLE TO TAKE THEM INTO CUSTODY PRIOR TO CROSSING INTO MEXICAN WATERS. THERE IS A LARGE AMOUNT OF CONCEALED NARCOTICS TRANSPORTED VIA THE STRETCH OF HIGHWAY WHICH RUNS THRU THE CITY. THE ADDITIONAL CANINE WILL ENABLE THEM TO MORE EFFECTIVELY ENGAGE THESE DANGEROUS THREATS AND BRING THE SUSPECTS INTO CUSTODY MORE QUICKLY.

IN ADDITION, THE ADDITIONAL CANINE WILL ENABLE THEM TO TRACK DANGEROUS CRIMINALS, WHICH POSE A THREAT TO THE OFFICERS AND CITIZENS OF THE COMMUNITY. PALMVIEW IS A SMALL COMMUNITY WHICH SERVICES A LARGE AREA WITH THEIR CURRENT CANINE TEAM. THEY HAVE RECEIVED REQUESTS FROM MANY CITIES THROUGHOUT THEIR COUNTY. THE ADDITIONAL CANINE WILL SERVE AS INCREASED PROTECTION FOR THE HANDLER, AND THE HOT-AND-POP CANINE SYSTEM THAT WAS PAID FOR BY THE DPSF WILL ALLOW THE HANDLER TO REMOTELY DEPOLY THE CANINE, IF THE NEED WERE TO ARISE.

OTHER GRANTS HAVE PAID FOR THE CANINE ITSELF AND DPSF GRANT ENABLED THE PURCHASE OF A VITAL TOOL THAT THE PALMVIEW POLICE DEPARTMENT BELIEVES WILL INCREASE OFFICER SAFETY AND THE SAFETY OF THEIR CITIZENS.

FAYETTE COUNTY PUBLIC SCHOOLS POLICE

\$2,835 FOR 28 SECURITY HOLSTERS

THE FAYETTE COUNTY PUBLIC SCHOOLS (FCPS) DISTRICT IS THE SECOND LARGEST SCHOOL DISTRICT IN KENTUCKY, WITH NEARLY 40,000 STUDENTS AND 6,000 EMPLOYEES AT 56 SCHOOLS AND 15 SPECIAL PROGRAMS. THE FCPS DEPARTMENT OF LAW ENFORCEMENT (LE) WAS ESTABLISHED IN 1971, WITH

Name of the organization

DISABLED POLICE AND SHERIFF'S

Employer identification number

36-4494026

SWORN OFFICERS COMMISSIONED AS SPECIAL LAW ENFORCEMENT OFFICERS PER KY REVISED STATUTES 61.900-61.930. OFFICERS HAVE PRIMARY LAW ENFORCEMENT AUTHORITY ON ALL DISTRICT OWNED AND LEASED PROPERTIES; AT ALL EVENTS ON SCHOOL OWNED PROPERTIES AND DURING EVENTS SUCH AS PROMS AND HIGH SCHOOL GRADUATIONS AT LEASED FACILITIES.

THE FCPS DEPARTMENT OF LAW ENFORCEMENT CURRENTLY USES AN OLDER MODEL OF HOLSTER WHICH DOES NOT HAVE THE RETENTION SAFETY FEATURES REQUIRED TO PROVIDE FOR OFFICER SAFETY. ACCORDING TO THE FBI LAW ENFORCEMENT BULLETIN IF AN OFFICER IS IN A STRUGGLE FOR HIS/HER FIREARM WITH A SUBJECT, THE OFFICER STANDS A VERY HIGH CHANCE OF BEING SHOT WITH HIS/HER OWN FIREARM IF DISARMED. THE ADDED SECURITY OF THE HOLSTERS PAID FOR BY AN EQUIPMENT GRANT BY DPSF WILL INCREASE OFFICER SAFETY. THE OFFICERS SPEND ALL OF THEIR TIME IN SCHOOLS AND ON SCHOOL PROPERTY. IN ADDITION TO INCREASING THEIR OWN SAFETY, THESE HOLSTERS WILL DECREASE THE POSSIBILITY OF A PERPETRATOR USING A DISARMED OFFICER'S GUN TO HARM STUDENTS, SCHOOL PERSONNEL AND/OR PARENTS WHO BE IN THE VICINITY OF THE INCIDENT.

LINE 4C PROGRAM SERVICE AREA NO. 3 - SURVIVOR ASSISTANCE GRANTS PROGRAM DPSF ASSISTS THE FAMILIES OF FALLEN LAW ENFORCEMENT OFFICERS BY PROVIDING THEM WITH UNRESTRICTED CASH GRANTS. WE ESPECIALLY LOOK TO MAKE DONATIONS TO FUNDS ESTABLISHED FOR THE OFFICER'S CHILDREN; HOWEVER WE MAY ALSO GIVE GRANTS TO SPOUSES AND OTHER LOVED ONES.

IN 2011, WE MADE CASH GRANTS TOTALING \$4,500 TO THE SURVIVORS OF THREE FALLEN FIREFIGHTERS. WE SELECT GRANT RECIPIENTS BY REVIEWING THE OFFICIAL LIST OF RECENTLY DECEASED OFFICERS. WE CONDUCT FURTHER RESEARCH TO IDENTIFY CANDIDATES, INCLUDING TALKING WITH LOCAL LAW ENFORCEMENT OFFICIALS AS NECESSARY TO DETERMINE NEED. AS A MATTER OF POLICY, WE DO NOT

Name of the organization

DISABLED POLICE AND SHERIFF'S

Employer identification number

36-4494026

PRINT THE NAMES OF THE RECIPIENTS IN ORDER TO RESPECTFULLY MAINTAIN THEIR PRIVACY.

FAMILY OF JEMISON, AL POLICE OFFICER - \$1,500

FAMILY OF LEBONON, OH SHERIFF - \$1,500

FAMILY OF BISMARCK, ND POLICE OFFICER - \$1,500

LINE 4D PROGRAM SERVICE AREA NO. 4 - DISABLED OFFICER GRANTS PROGRAM
DPSF ASSISTS THE LAW ENFORCEMENT OFFICERS INJURED IN THE LINE OF DUTY BY PROVIDING THEM WITH UNRESTRICTED CASH GRANTS. FROM LOST WAGES, INCREASED MEDICAL COSTS AND FAMILY DISRUPTIONS, INJURIES CAN BE BOTH PHYSICALLY AND MENTALLY DEVASTATING AND THESE OFFICERS AND THEIR FAMILIES NEED ASSISTANCE.

IN 2011, WE MADE CASH GRANTS TOTALING \$2,500 TO THE SURVIVORS OF TWO DISABLED OFFICERS INJURED AND DISABLED IN THE LINE OF DUTY.

WE SELECT GRANT RECIPIENTS ON A REVIEW OF SUBMITTED APPLICATIONS.

WE CONDUCT FURTHER RESEARCH TO IDENTIFY CANDIDATES, INCLUDING TALKING WITH LOCAL LAW ENFORCEMENT OFFICIALS AS NECESSARY TO DETERMINE SUITABILITY. AS A MATTER OF POLICY, WE NOT PRINT THE NAMES OF THE RECIPIENTS IN ORDER TO RESPECTFULLY MAINTAIN THEIR PRIVACY.

BRAINERD, MN POLICE OFFICER - \$1,250

YAPHANK, NY POLICE OFFICER - \$1,250

FORM 990, PART III, LINE 2

THE ORGANIZATION'S BOARD OF DIRECTORS UNANIMOUSLY VOTED TO CHANGE ITS MISSION DURING THE YEAR TO THE FOLLOWING:

TO CREATE, DESIGN, ORGANIZE AND OFFER INSTRUCTIONAL PROGRAMS TO LAW

Name of the organization

DISABLED POLICE AND SHERIFF'S

Employer identification number

36-4494026

ENFORCEMENT, PROVIDE ASSISTANCE TO DISABLED LAW ENFORCEMENT OFFICERS AND TO THE SURVIVORS OF LAW ENFORCEMENT OFFICERS KILLED IN THE LINE OF DUTY, PROVIDE EDUCATIONAL AND SAFETY ORIENTED RESOURCES TO THE GENERAL PUBLIC AND TO ENGAGE IN ACTIVITIES THAT HEIGHTEN THE IMAGE OF LAW ENFORCEMENT.

THE ORGANIZATION, UNDER ITS PREVIOUS NAME, AMERICAN POLICE AND SHERIFF'S ASSOCIATION, WAS PREVIOUSLY A RELATED ORGANIZATION TO THE FIREFIGHTERS SUPPORT FOUNDATION.

BY VOTES OF THE BOARD OF DIRECTORS ON JUNE 7 AND JUNE 13, 2012, WE SEPARATED FROM THE FIREFIGHTERS SUPPORT FOUNDATION, CHANGED OUR NAME TO DISABLED POLICE AND SHERIFF'S FOUNDATION, CHANGED THE BOARD OF DIRECTORS AND MODIFIED OUR MISSION PURPOSE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

SEE

FORM 990, PART VI - ADDITIONAL INFORMATION

LINE 17 - LISTING OF STATES WHICH FORM 990 IS REQUIRED TO BE FILED:

ALASKA, ALABAMA, ARKANSAS, ARIZONA, COLORADO, CONNECTICUT, FLORIDA, GEORGIA, HAWAII, ILLINOIS, KANSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MARYLAND, MICHIGAN, MINNESOTA, MISSISSIPPI, NORTH CAROLINA, NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA

Name of the organization

DISABLED POLICE AND SHERIFF'S

Employer identification number

36-4494026

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

JILL KENIK

DAVID KENIK

PRESIDENT

EXE. DIR.

HUSBAND AND WIFE

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ORGANIZATION CHANGED ITS NAME FROM "AMERICAN POLICE AND SHERIFF'S ASSOCIATION, INC." TO "DISABLED POLICE AND SHERIFF'S FOUNDATION". THE ORGANIZATION AMENDED ITS CERTIFICATE OF INCORPORATION TO REFLECT THE NAME CHANGE.

THE ORGANIZATION'S BOARD OF DIRECTORS UNANIMOUSLY VOTED TO CHANGE ITS MISSION DURING THE YEAR TO THE FOLLOWING:

TO CREATE, DESIGN, ORGANIZE AND OFFER INSTRUCTIONAL PROGRAMS TO LAW ENFORCEMENT, PROVIDE ASSISTANCE TO DISABLED LAW ENFORCEMENT OFFICERS AND TO THE SURVIVORS OF LAW ENFORCEMENT OFFICERS KILLED IN THE LINE OF DUTY, PROVIDE EDUCATIONAL AND SAFETY ORIENTED RESOURCES TO THE GENERAL PUBLIC AND TO ENGAGE IN ACTIVITIES THAT HEIGHTEN THE IMAGE OF LAW ENFORCEMENT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 COPIES OF THE FORM 990 WERE DISTRIBUTED TO EACH BOARD MEMBER. A BOARD MEETING WAS THEN HELD TO REVIEW THE FORM 990 JOINTLY AND APPROVE IT.

Name of the organization

DISABLED POLICE AND SHERIFF'S

Employer identification number

36-4494026

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A REVIEW OF ANY POSSIBLE INFRACTIONS OF THE CONFLICT OF INTEREST POLICY HAS BEEN INSERTED INTO THE AGENDA OF EACH BOARD MEETING HELD.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION'S BOARD OF DIRECTORS COMMISSIONED AN INDEPENDENT "COMPENSATION REASONABLENESS STUDY" TO BENCHMARK THE SALARIES FOR THE ORGANIZATION'S TWO EMPLOYEES. SALARY INFORMATION WAS OBTAINED FOR SIMILAR POSITIONS IN COMPARABLE ORGANIZATIONS IN ORDER TO OBTAIN THE REASONABLENESS OF SALARY LEVELS. THESE TWO EMPLOYEES HOLD THE POSITIONS OF EXECUTIVE DIRECTOR AND ADMINISTRATIVE MANAGER IN THE DISABLED POLICE AND SHERIFF'S FOUNDATION AND ITS RELATED ORGANIZATION THE FIREFIGHTERS SUPPORT FOUNDATION, INC. FOR COMPARISON PURPOSES, EACH EMPLOYEE'S SALARY WAS CALCULATED AS THE SUM OF THEIR SALARIES FROM BOTH ORGANIZATIONS, AND WAS COMPARED TO SALARY LEVELS FOR SINGLE FULL-TIME SALARIED POSITIONS IN SIMILAR BENCHMARK ORGANIZATIONS.

IT WAS DETERMINED THAT "... FIREFIGHTERS SUPPORT FOUNDATION WITH THE DISABLED POLICE AND SHERIFF'S FOUNDATION, PAYS A VERY COMPARABLE IF NOT LESS, PERCENTAGE OF ITS TOTAL REVENUE ON ITS EXECUTIVE DIRECTOR AND KEY EMPLOYEES WHEN THAT COMPARISON IS MADE TO THE ORGANIZATIONS SELECTED FOR THE ANALYSIS... IN ADDITION, ACTUAL AMOUNT OF SALARY PAID TO THE EXECUTIVES OF THE FIREFIGHTERS SUPPORT FOUNDATION, INC. ARE LESS THAN AMOUNTS PAID BY THE COMPARABLE ORGANIZATIONS. "

THE BOARD SUBSEQUENTLY DEVELOPED, REVIEWED, AND APPROVED EMPLOYMENT CONTRACTS FOR THE TWO EMPLOYEES. THIS ACTION WAS NOTED IN THE BOARD MEETING MINUTES.

Name of the organization

DISABLED POLICE AND SHERIFF'S

Employer identification number

36-4494026

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ORGANIZATION'S BOARD OF DIRECTORS COMMISSIONED AN INDEPENDENT "COMPENSATION REASONABLENESS STUDY" TO BENCHMARK THE SALARIES FOR THE ORGANIZATION'S TWO EMPLOYEES. SALARY INFORMATION WAS OBTAINED FOR SIMILAR POSITIONS IN COMPARABLE ORGANIZATIONS IN ORDER TO OBTAIN THE REASONABLENESS OF SALARY LEVELS. THESE TWO EMPLOYEES HOLD THE POSITIONS OF EXECUTIVE DIRECTOR AND ADMINISTRATIVE MANAGER IN THE DISABLED POLICE AND SHERIFF'S FOUNDATION AND ITS RELATED ORGANIZATION THE FIREFIGHTERS SUPPORT FOUNDATION, INC. FOR COMPARISON PURPOSES, EACH EMPLOYEE'S SALARY WAS CALCULATED AS THE SUM OF THEIR SALARIES FROM BOTH ORGANIZATIONS, AND WAS COMPARED TO SALARY LEVELS FOR SINGLE FULL-TIME SALARIED POSITIONS IN SIMILAR BENCHMARK ORGANIZATIONS.

IT WAS DETERMINED THAT "... FIREFIGHTERS SUPPORT FOUNDATION WITH THE DISABLED POLICE AND SHERIFF'S FOUNDATION, PAYS A VERY COMPARABLE IF NOT LESS, PERCENTAGE OF ITS TOTAL REVENUE ON ITS EXECUTIVE DIRECTOR AND KEY EMPLOYEES WHEN THAT COMPARISON IS MADE TO THE ORGANIZATIONS SELECTED FOR THE ANALYSIS... IN ADDITION, ACTUAL AMOUNT OF SALARY PAID TO THE EXECUTIVES OF THE FIREFIGHTERS SUPPORT FOUNDATION, INC. ARE LESS THAN AMOUNTS PAID BY THE COMPARABLE ORGANIZATIONS. "

THE BOARD SUBSEQUENTLY DEVELOPED, REVIEWED, AND APPROVED EMPLOYMENT CONTRACTS FOR THE TWO EMPLOYEES. THIS ACTION WAS NOTED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Name of the organization

DISABLED POLICE AND SHERIFF'S

Employer identification number

36-4494026

POLICY, FORM 1023, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE UPON REQUEST. INTERESTED PARTIES SHOULD MAIL THEIR REQUEST TO 23 TEABERRY DRIVE, CHEPACHET, RI 02814. THE REQUEST SHOULD LIST THE DOCUMENTS WANTED TO BE COPIED AND THE ADDRESS WHERE THE DOCUMENTS ARE TO BE MAILED. THE INTERESTED PARTY SHOULD INCLUDE A CHECK TO COVER THE COSTS FOR COPYING AND MAILING. FURTHER DETAILS ARE AVAILABLE AT THE ORGANIZATION'S WEBSITE AS DOCUMENTS BECOME AVAILABLE.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

**DISABLED POLICE AND SHERIFF'S
FOUNDATION**

Employer identification number

36-4494026

OMB No. 1545-0047

2011.

**Open to Public
Inspection**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

One or more related tax-exempt organizations during the tax year?								
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	FIREFIGHTERS SUPPORT FOUNDATION, INC 10 FISKE AVENUE #3 GREENFIELD MA 01301 26-2903852	TRAINING	MA	(C) (3)		N/A		X
(2)								
(3)								
(4)								
(5)								

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(1) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of and-of-year assets	(h) Disproportionate alloc?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(1) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of and-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Part VII**Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Forms 990 / 990-PF	Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons	2011
For calendar year 2011, or tax year beginning , and ending		

Name DISABLED POLICE AND SHERIFF'S FOUNDATION	Employer Identification Number 36-4494026
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FORM 990, PART X, LINE 22 - ADDITIONAL INFORMATION

Name of lender	Title
(1) BARBARA MROZ	
(2) DAVID KENIK	
(3) RALPH MROZ	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 9,938				
(2) 10,155				
(3) 8,808				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	UNPAID WAGES
(2)	UNPAID WAGES
(3)	UNPAID WAGES
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) SERVICES PREVIOUSLY PERFORMED	9,938	
(2) SERVICES PREVIOUSLY PERFORMED	10,155	
(3) SERVICES PREVIOUSLY PERFORMED	8,808	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	28,901	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME	\$ 86		14			
TOTAL	\$ 86					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL SERVICE EXPENSE	\$ 81	\$	\$ 81	\$
TOTAL	\$ 81	\$ 0	\$ 81	\$ 0

Filing Fee: \$10.00

ID Number: 124023



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

NON-PROFIT CORPORATION

**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION**

2011 JUN 17 AM 11:49

Pursuant to the provisions of Section 7-6-40 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is American Police and Sheriff's Association, Inc.
2. The following amendment to the Articles of Incorporation was adopted by the corporation

[Insert Amendment]

The name of the corporation is hereby changed to "Disabled Police and Sheriffs Foundation, Inc."

The corporate purpose is hereby changed to:

**To create, design, organize and offer instructional programs to law enforcement,
provide assistance to disabled law enforcement officers and to the survivors**

**of law enforcement officers killed in the line of duty, provide educational and safety
oriented resources to the general public and to engage in activities that heighten the
image of law enforcement.**

FILED

JUN 17 2011

BY

146652 11:49

3 The amendment was adopted in the following manner

(check one box only)

- ☐ The amendment was adopted at a meeting of the members held on _____, at which meeting a quorum was present, and the amendment received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.
- ☐ The amendment was adopted by a consent in writing on _____, signed by all members entitled to vote with respect thereto
- ☒ The amendment was adopted at a meeting of the Board of Directors held on 6-12-2011 and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

4 Date when amendment is to become effective Upon filing

(not prior to, nor more than 30 days after, the filing of these Articles of Amendment)

Under penalty of perjury, we declare and affirm that we have examined these Articles of Amendment to the Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Date 6/14/11

American Police and Sheriffs Foundation, Inc.

Print Corporate Name

By [Signature]

☒ President or ☐ Vice President (check one)

AND

By [Signature]

☒ Secretary or ☐ Assistant Secretary (check one)



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:
June 17, 2011 11:49 AM

A handwritten signature in black ink, appearing to read "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

